
Name

FORM #78a

Address

City State Zip Code

Phone Number

PETITIONER PRO SE

**MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT
RAVALLI COUNTY**

In re the Marriage of:

_____,
Petitioner,
and

_____,
Respondent.

Cause No.: _____

Department No.: _____

**PETITIONER'S FINAL
DECLARATION OF DISCLOSURE
OF ASSETS, DEBTS, INCOME,
AND EXPENSES**

****WARNING:** Montana law requires the full disclosure of all assets, debts, income and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made hereon or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.

If you need additional space on which to list your assets, debts, income or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.

IT IS MANDATORY TO SEND THIS DOCUMENT TO THE OTHER PARTY. IT IS OPTIONAL TO FILE THIS DOCUMENT WITH THE COURT. IF YOU PREFER TO HAVE THIS DOCUMENT IN THE COURT RECORD, FILE IT WITH THE CLERK OF COURT. IF YOU DO NOT FILE THIS DOCUMENT WITH THE CLERK OF COURT, FILE A "NOTICE OF SERVICE OF FINAL DECLARATION OF DISCLOSURE."

DISCLOSURE OF ASSETS

Disclose **ALL** assets -- whether owned by husband, wife, or both.

REAL ESTATE (Disclose ALL, whether owned by husband, wife or both.)	Estimated Value	Name(s) on Title
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		

VEHICLES / RECREATIONAL VEHICLES (Disclose ALL, whether owned by husband, wife or both.)	Estimated Value	Name(s) on Title
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		

BANK ACCOUNTS / CASH (Refer to your Sensitive Data Form. Disclose ALL, whether owned by husband, wife or both.)	Balance as of ____ / ____ / ____	Name(s) on Account
Name of Bank: _____ Account Code Name _____ _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account Code Name _____ _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account Code Name _____ _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account Code Name _____ _____ Savings _____ Checking _____ Cert of Dep.		

PENSIONS, RETIREMENT, LIFE INSURANCE, STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Disclose ALL, whether owned by husband, wife or both.)	Balance as of ____ / ____ / ____	Name(s) on Account
Description:		
Description:		
Description:		

PERSONAL PROPERTY (including vehicles, appliances, furniture, jewelry, art, guns, etc.) (Disclose ALL, whether owned by husband, wife or both.)	Estimated Value

PERSONAL PROPERTY, continued.	Est. Value

BUSINESS INTERESTS (including equipment, tools, livestock, etc.) (Disclose ALL, whether owned by husband, wife or both.)	Est. Value

OTHER ASSETS (Disclose ALL, whether owned by husband, wife or both.)	Est. Value

DISCLOSURE OF DEBTS

Disclose **ALL** debts, whether owed by husband, wife, or both.

Any mortgages or secured debts should be listed with the real estate above.

Any vehicle loans should be listed with the vehicles above.

(List amounts owing for credit cards, utility bills, medical expenses, etc.)

Creditor	Description	Amount	Name on Debt

DISCLOSURE OF INCOME

☐ WIFE ☐ HUSBAND

Source of Income	Amt/Month		Source of Income	Amt/Month
Wages, Salary, Commissions			Food Stamps	
Rents, Interests, Dividends			Pension, Retirement	
Self Employment Earnings			Child Support	
Unemployment / Wk. Comp.			Dependent's Benefits	
Soc. Sec. Benefits / SSI			Other:	
Public Assistance				

DISCLOSURE OF EXPENSES

[] WIFE [] HUSBAND

Description of Expense	Amt/Month		Description of Expense	Amt/Month
Taxes, etc. withheld from income			Property Insurance	
Retirement			Transportation	
Health Insurance			Car Insurance	
Medical Expenses			Student Loans	
Housing (rent or mortgage)			Utilities	
Property Taxes			Telephone	
Clothing			Food/Household Supplies	
Child Care			Child Support Payments	
Other:				

DATED this ____ day of _____, 20____.

Signature

[] Wife [] Husband Petitioner, *pro se*

STATE OF MONTANA)
 :SS
COUNTY OF _____)

20____.

My Commission Expires:_____

CERTIFICATE OF SERVICE

following person this _____ day of _____, 20____, by:

[] depositing the same in the U.S. Mail with postage pre-paid;

or

[] personally delivering this document to the following person.

Signature _____